MENTALLY ILL OFFENDER

Program Evaluation Survey

This survey will become part of your county's MIO contract with the Board of Corrections. For purposes of this survey:

- "Program" refers to a defined set of interventions that will be given to a specified research sample in order to evaluate well-stated hypotheses. If you have more than one Program, please fill out a separate survey for each Program.

- "Research Design" refers to the procedures you will use to test the stated hypotheses for your Program. In some instances you will have more than one Research Design for a Program, in which case a separate survey must be completed for each Research Design.

- "Project" refers to all the work that you propose to do with the MIO Grant. For example, if you have two Programs and two Research Designs for each Program, the entire effort would constitute your Project (and you would complete four surveys).

To simplify the task of completing this survey, we refer you to two sources: 1) the initial Research Design Summary Form, and 2) your Program's responses to the technical compliance issues identified during the grant review. If no additional information was requested of a particular item on the Research Design Summary Form, you can enter the original text into the appropriate space below. If more information was requested, provide a more complete response.

1.	County: Santa Cruz	
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2. **Program Name:** Current Board of Corrections grant participants have found it useful to pick a name that helps them to create a Program identity (two examples are the "IDEA" Program and the "Home Run" Program). Indicate the title you will be using to refer to your Program.

   MOST = Mentally ill Offender Stabilization Treatment

3. **Treatment Interventions**: Describe the components of the Program that you will be evaluating. Another way of saying this is, "Describe how the 'treatment' offenders (those in the Program) will be treated differently than the comparison offenders (e.g., services while incarcerated, more intensive supervision, more thorough assessment, a wider range of services, more aggressive case management, better aftercare)."

   Treatment Intervention: The experiment combines ACT team mental health services with probation authority to serve mentally ill offenders. A broad approach is taken to help offenders achieve a stable life

of decent quality. The team will intervene in any domain to help achieve that goal. The comparison group will use the currently provided brokered, case management mental health services that the current program provides.

4. Research Design: Describe the Research Design that you will be using. Issues to be addressed here include the name of the design (e.g., true experimental design), the use of random assignment, and any special features that you will include in the design (e.g., the type of comparison group you will use for quasi-experimental designs).

A 3.75-year single treatment and control group randomly assigned, balanced design experiment, with multiple outcome measures .The initial randomization of treatment and comparison offenders is from a pool of offenders who have had county mental health services, offended at least twice, are resident in the county, and are considered seriously and persistently mentally ill. The treatment group is randomized to an ACT program. The control group is assigned to brokered, case management mental health services, which is the current practice. Additional offenders are randomly assigned from a pool of offenders who have had at least one arrest, have received county mental health services, are considered seriously and persistently mentally ill, and have been arrested for a second time. They are assigned after their cases have been adjudicated to prevent "gaming" of the assignment to treatment and comparison groups. The maximum number assigned to the ACT treatment group is 75, while the comparison group will be approximately 300.

4a. Check (✓) the statement below that best describes your Research Design. If you find that you need to check more than one statement (e.g., True experimental and Quasi-experimental), you are using more than one Research Design and will need to complete a separate copy of the survey for the other design. Also, check the statements that describe the comparisons you will be making as part of your Research Design.

	Research Design (Check One)
✓	True experimental with random assignment to treatment and comparison groups
	Quasi-experimental with matched contemporaneous groups (treatment and comparison)
	Quasi-experimental with matched historical group
	Other (Specify)
	Comparisons (Check all that apply)
	Post-Program, Single Assessment
	Post-Program, Repeated Assessments (e.g., 6 and 12 months after program separation)
	Pre-Post Assessment with Single Post-Program Assessment
	Pre-Post Assessment with Repeated Post-Program Assessments (e.g., 6 and 12 months after program separation)
✓	Other (Specify) *Post with Multiple Assessments; Repeated Assessment during Treatment period.*

4b. If you are using a historical comparison group, describe how you will control for period and cohort effects.
NA

5. **Cost/Benefit Analysis**: Indicate by checking "yes" or "no" whether you will be conducting a Program cost/benefit analysis that includes at least: a) the cost per participant of providing the interventions to the treatment and comparison groups; b) the cost savings to your county represented by the effectiveness of the treatment interventions; and, c) your assessment of the program's future (e.g., it will continue as is, be changed significantly, be dropped) given the results of the cost/benefit analysis.

Cost/Benefit Analysis			
✓	Yes		No

5a. If you will perform a cost/benefit analysis, describe how that analysis will be performed.

A protocol will guide the collection of cost data for mentally ill offenders. This accounting protocol will include direct costs, overhead, and, indirect costs, opportunity costs, and costs of externalitiies. Cost-benefit analyses will be completed on outcomes and inputs that can be monetized, such as differences in jail days, arrest costs, law enforcement costs, emergency treatment costs, reduction of crime, etc. Outcomes measured in terms of psychosocial functioning and client satisfaction will be analyzed for cost-effectiveness (ie: incremental cost effectiveness = difference in cost/difference in effectiveness.)

6. **Target Population**: This refers to the criteria that treatment and comparison subjects must meet in order to be able to participate in the research. Target criteria might include diagnostic categories, age, gender, risk level, legal history, geographical area of residence, etc. Please provide a detailed description of the criteria you will be using and how you will measure those criteria to determine eligibility.

An offender from the pool described above is eligible to participate if he/she has been assessed as persistently and seriously mentally ill, has at least one prior arrest, does not have out-of-county MediCal eligibility, is not under the supervision of the CDC, and is alive.

6a. Describe any standardized instruments or procedures that will be used to determine eligibility for Program participation, and the eligibility criteria associated with each (e.g., "significant psychopathology" as measured by the MMPI, etc.).

Diagnoses will be made through clinical interview using DSM-IV criteria.

7. **Sample Size**: This refers to the number of subjects who will participate in the treatment and comparison samples during the entire course of the research. Of course, in any applied research program, subjects drop out for various reasons (e.g., moving out of the county, failure to complete the program). In addition, there will probably be mentally ill offenders who participate in the Program you will be researching and not be part of the research sample (e.g., they may not meet one or more of the criteria for participation in the research), or they may enter into the Program too late for you to conduct any follow-up research you may intend to do. **Using the table below,** indicate the number of participants who will complete the treatment interventions or comparison group interventions, plus the number of months, if any, for follow-up period after Program completion. This also will be the number of subjects that you will be including in your statistical hypothesis testing to evaluate the Program outcomes. Provide a breakdown of the sample sizes for each of the four Program years, as well as the total Program. Under **Unit of Analysis**, check the box that best describes the unit of analysis you will be using in your design.

Sample Sizes (Write the expected number in each group)		
Program Year	Treatment Group	Comparison Group
First Year	75 individuals will be treated throughout the four years	300 individuals will be in the comparison group throughout the four years.
Second Year		
Third Year		
Fourth Year		
Total	75	300

Unit of Analysis (Check one)			
✓	Individual Offender		Family
	Institution		Geographic Area (e.g., neighborhood)
	Other		Other:

8. **Key Dates:**
   - "Program Operational" is the date that the first treatment subject will start in the Program.

- "Final Treatment Completion" is the date when the last treatment subject in the research sample will finish the interventions that constitute the Program (and before the start of the follow-up period, if any).
- "Final Follow Up Data" is the date when the last follow-up data will be gathered on a research subject (e.g., six months after the last subject completes the treatment).

Program Operational Date: October 15, 1999
Final Treatment Completion Date: June 30, 2003
Final Follow-Up Data Date: July 30, 2003

9. **Matching Criteria**: (Whether or not you are using a true experimental design), please indicate the variables that you will be tracking to assess comparability between the groups. Matching criteria might include: age, gender, ethnicity, socioeconomic status, criminal history mental health diagnosis, etc.

Groups will be matched on baseline data: previous arrests (Detention Management System Database [DMS]), felony/misdemeanor (DMS), age, gender (DMS), race (DMS), diagnosis (DSM-IV criteria from InSyst data and intake interview), housing status, employment status, functional impairment (GAF). Non-designated variables will be determined from intake interview.

9a. After each characteristic listed above, describe how it will be measured.

The measures are drawn from the InSyst system and the DMS Database.

9b. Which of these characteristics, if unequally distributed between the treatment and comparison groups, would complicate or confound the tests of your hypotheses? How will you manage that problem?

By randomly assigning most participants at the beginning of the experiment it will be possible to check to see if the randomization creates two equivalent groups. If not they can be re-randomized. The random assignment process should control for any possible bias between the samples for these variables. For offenders added after the initial group block assignment can be used to control the randomization. The data collection process will be audited at regular intervals to maintain the integrity of the random assignment, ensure that samples are comparable with no cross-overs.

9c. If you are using an historical comparison group, describe how you will ensure comparability (in terms of target population and matching characteristics) between the groups.
NA

10. **Comparison Group**: The intent here is to document the kind of comparison group you will using. If you are using a true experimental design, the comparison group will be randomly selected from the same subject pool as the treatment subjects (in which case you would enter "true experimental design" in the space below). However, for quasi-experimental designs, the comparison group might come from a number of different sources such as: matched institutions, matched geographical areas, other matched counties, a matched historical group, etc.

Please identify the source of your comparison group.

True experimental design

11. **Assessment Process**: The intent here is to summarize the assessment process that will determine the nature of the interventions that the mentally ill offenders in the treatment group will receive. For example, psychological testing, multi-agency and/or multi-disciplinary assessments, etc. Also, describe the qualifications of those who will be doing the assessments.

Clinical interview and evaluation of symptoms and functions administered by the jail treatment team. The tests include the Addiction Severity Index (ASI), BASIS 32, California Quality of Life, GAF, and the MHSIP. These tests, with the exception of the ASI, are required outcome measures. The information will be included in the Grant database.

11a. Describe any standardized assessment instruments that will be administered to all treatment group subjects for the purposes of identifying appropriate interventions.

See Question 11.

11b Describe any assessment instrument designed by your county that you will use.
NA

11c. Identify which assessment instruments, if any, will also be administered to comparison group subjects.
Same as treatment group

12. T**reatment Group Eligibility**: Indicate the process (as opposed to the criteria) by which research subjects will be selected into the pool from which treatment subjects will be chosen. This process might include referral by a judge, referral by a school official, referral by a law enforcement officer, administration of a risk assessment instrument, etc.

Treatment group eligibles and controls are listed as recipients of in jail, county mental health services, are at least two time offenders, are judged seriously and persistently mentally ill. .Everyone in this record pool is eligible for randomization into the treatment and control group

13. ***Comparison Group Eligibility**: Indicate the process by which research subjects will be selected into the pool from which comparison subjects will be chosen. For true experimental designs, this process will be the same as for treatment subjects.*

True experimental design, same as treatment group

13a. If procedures for determining the eligibility of participants for the Comparison Group differ from those described in 12, please describe them. If different procedures are used, how will you ensure comparability of the two groups in terms of critical characteristics?
NA

Answer questions 14 - 17 by filling in the table below as instructed.

14. **Outcome Variables**: In the table below, list some of the most important outcome variables that you are hypothesizing will be positively affected by your Program. Possibilities include improvement in personal functioning, arrest rate, successful completion of probation, alcohol and drug–related behavior, risk classification, etc.

15. **Score/Scale**: To ”measure” the effects produced by your Program requires putting the variable in question on some sort of measuring scale (e.g., a test score, a count of occurrences, a rating scale, a change-score indicating progress of some sort). For each variable, for which you are making a hypothesis, indicate in the table below the measurement that you will be statistically analyzing when you test your hypothesis.

16. **Additional Information**: To explain more fully how you intend to test your hypothesis, you might find it helpful to supply additional information. For example, you might intend to partition the data by gender, or make differential hypotheses for different age ranges. Supplying "additional information" is optional; but if there is some aspect of the hypotheses testing that is important for us to know about, please supply the information in this section.

16a. For each outcome variable that will <u>not</u> be measured by a standardized assessment procedure, describe the measurement procedures that will be used. For instance, if your county has developed a risk-assessment tool that you will be using to measure change, please describe how it works.

17. **Significance Test**: In order for a statistical procedure to be the appropriate test of a particular hypothesis, certain assumptions must be met. It is critical at the outset of a research design to make sure that the measuring devices, measuring scales, samples, and methodology produce the kind of data that fit the requirements of the intended statistical procedure. In this section, please list your choice for the testing of your hypothesis, given the research design you have chosen, the measurement you will use, and the data you will be collecting.

Variable	Score/Scale	Significance Test
Probability of re-arrest	Probability of re-arrest	Independent sample t-tests are generically appropriate for a basic effects model since the comparisons will be between randomized treatment and control groups. In addition, there will be examination of the time paths of the effects, effects on subgroups and an analysis of the social effects of the two programs. These additional analyses will primarily rely on MANOVA models and repeated measures.
Jail days	Number of jail days (median, average)	
Police contacts	Number of bookings (median, average)	
Cost of treatment services	Per capita cost of mental health	
Cost of criminal justice system	Per capita cost of criminal justice system	
Psychosocial functioning	Psychosocial functioning scores	
Higher consumer satisfaction	MHSIP Scores (median, average)	
Reduced homelessness	Days in stable housing (median, average)	
Treatment retention	Treatment dropouts, Proportion of sample…	
Income	Income level = Transfers + earned income	

The following questions are supplemental to the Research Design Summary Form and will help us understand how you intend to manage data collected for this project.

18. What additional background information (if any) will be collected for the participants (both treatment and comparison)? For instance, will you gather information about family criminal background, drug involvement, family variables, work history, educational background, etc. If so, what will be collected and how?

Drug use will be measured via urine testing. Employment, detox and drug residency programs, vocational services, outreach, training, substance abuse treatment variables will be collected via interview and yearly survey, if it is not part of the current databases operated by the County.

19. How will the process evaluation be performed? What components will be addressed and how will they be measured (e.g., services available and frequency of use of those services by each participant)? What is the time frame for gathering process-related information? What recording mechanisms will be used? If descriptive or statistical analyses will be performed, please describe what they will be.

Protocols that support a longitudinal case study of the experimental and control processes utilized during the demonstration period will be developed. These protocols will be used to collect data on how the treatment and control programs affect the interplay between law enforcement and mental health; if either the treatment or control programs reduce the rates of offenses; the relative emphasis of the two programs on providing mentally ill offenders with social supports; what effects the two programs have on encounters between the mentally ill and the police; information on the nature, extent and costs of law enforcement contacts with ACT and control program clients; reasons leading to law enforcement contacts with ACT and control program clients; and the relation between the frequency of contact with mental illness services and the frequency of encounters with the police. Data will be collected at baseline, during the annual surveys, and at the conclusion of the project treatment period. These data will be observed for frequency and means will be statistically compared between treatment and comparison groups. Differences between initial occurrence rates and final occurrence rates will also be analyzed via repeated measure ANOVA. .Much of the data will also be qualitative data and will be examined using ethnographic techniques and pattern analysis.

20. Describe how you will document services received by the treatment and comparison group members. Examples are: how many counseling sessions did the subject attend, how intense (and by what measure) was the drug treatment, did the subject complete the interventions, etc.?

The InSyst System will be the source of information on services received by the treatment and comparison group members.

21. What will be the criteria for completion of the program (by what criteria will you decide that the research subject has received the full measure of the treatment that is hypothesized to have a beneficial impact. For instance, will the Program run for a specified amount of time irrespective of the participants' improvement or lack thereof? If so, how long? Alternatively, will completion be determined by the participants' having achieved a particular outcome? If so, what will that outcome be and how will it be measured? An example is decreased risk as measured by a "level of functioning" instrument.

The ACT treatment program for seriously and persistently ill persons is a continuing program. Participants will be in the program from the time of entry until the end of the Grant. If the program is successful it will be continued and the controls will be enrolled in the ACT program. There is no step-down in the experimental ACT program.

22. If Program completion will be linked to probation terms, how will you record those terms and identify adequate completion? Examples include completion of mental health or substance abuse programs, etc.

Although there are two probation officer assigned to the ACT team, and probation will be used as a tool in the program, program participation is not completely determined by probation status. There will be an effort to

provide ACT services to offenders who are not on probation, but are seriously and persistently mentally ill in order to prevent felonies, misdemeanors and recidivism.

23. On what basis will a subject be terminated from the Program and be deemed to have failed to complete the Program? Will those who leave, drop out, fail, or are terminated from the Program be tracked in terms of the research dependent variables? For how long?

Individuals in either the treatment or control group who drop out will be tracked to the extent possible. No one will be terminated from the program. Those who become supervised by CDC or move out of the county will be followed by record searches to the extent possible.